

# Wisconsin Medicaid update

department of health and family services

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POH 1629

To:  
Family Planning  
Clinics  
HMOs and Other  
Managed Care  
Programs

## Procedures Added to Family Planning Clinic Covered Services

The Current Procedural Terminology (CPT) codes listed in this update have been added to the list of covered services for family planning clinic providers (provider type 71).

(TOS). Providers have 365 days after the date of service to submit a claim or adjustment.

Most of the procedures listed in this Update require Clinical Laboratory Improvement Amendment (CLIA) certification. For information about CLIA requirements for specific procedures and questions about CLIA certification, call the Clinical Laboratory Unit at (608) 266-5753. If you are not CLIA-certified, use the HCFA-116 CLIA application for program certificates. You may obtain HCFA-116 forms from the address below:

Clinical Laboratory Unit  
Bureau of Quality Assurance  
Division of Supportive Living  
Department of Health and Family Services  
P.O. Box 309  
Madison, WI 53701-0309

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883.

Wisconsin Medicaid requires fee-for-service providers to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid recipients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid recipients.

HMOs and managed care organizations (MCO) may have other billing requirements for family planning. Please contact the appropriate HMO or MCO for complete billing instructions.

Bill the procedure codes listed in Attachment 1 of this Update with the specific type of service



# Attachment 1

## Procedures Added to Family Planning Clinic Covered Services

<u>Code</u>	<u>TOS*</u>	<u>Definition</u>
54050	2	Destruction of Lesion(s).
56440	2	Marsupialization of Bartholin's Gland Cyst.
56501	2	Destruction of Lesion(s) Vulva.
56605	2	Biopsy of Vulva; One Lesion.
56606	2	Biopsy of Vulva; Each Separate Additional Lesion.
57061	2	Destruction of Vaginal Lesion(s).
57500	2	Biopsy, or Local Excision of Lesion.
80049	5 and X	Basic Metabolic Panel.
80054	5 and X	Comprehensive Metabolic Panel.
80058	5	Hepatic Function Panel.
80059	5	Hepatitis Panel.
80061	5	Lipid Panel.
80091	5	Thyroid Panel.
80092	5	Thyroid Panel with Thyroid Stimulating Hormone.
83890	5	Molecular Diagnostics.
83892	5	Molecular Diagnostics.
83894	5	Molecular Diagnostics.
83896	5	Molecular Diagnostics.
83898	5	Molecular Diagnostics.
83902	5 and X	Molecular Diagnostics.
83912	5 and X	Molecular Diagnostics.
86316	5	Immunoassay for Tumor Antigen.
86694	5	Antibody; Herpes Simplex, Non-Specific.
86695	5	Herpes Simplex, Type 1.
86706	5 and X	Hepatitis B Surface Antibody.
86765	5	Rubeola.
87252	5	Tissue Culture.
87270	5 and X	Chlamydia Trachomatis.
87274	5 and X	Herpes Simplex Virus.
87320	5 and X	Chlamydia Trachomatis.
87340	5 and X	Hepatitis B Surface Antigen.
87350	5 and X	Hepatitis Be Antigen (HBeAg).
87380	5 and X	Hepatitis, Delta Agent.
87390	5 and X	HIV-1.
87391	5 and X	HIV-2.
87449	5 and X	Infectious Agent, Antigen Detect by Enzyme.
87485	5 and X	Chlamydia Pneumoniae.
87486	5 and X	Chlamydia Pneumoniae, Amplified Probe Technique.
87487	5 and X	Chlamydia Pneumoniae, Quantification.
87490	5 and X	Chlamydia Trachomatis, Direct Probe Technique.
87491	5 and X	Chlamydia Trachomatis, Amplified Probe Technique.
87492	5 and X	Chlamydia Trachomatis, Quantification.

<u>Code</u>	<u>TOS*</u>	<u>Definition</u>
87510	5 and X	Gardnerella Vaginalis, Direct Probe Technique.
87511	5 and X	Gardnerella Vaginalis, Amplified Probe Technique.
87512	5 and X	Gardnerella Vaginalis, Quantification.
87515	5 and X	Hepatitis B Virus, Direct Probe Technique.
87516	5 and X	Hepatitis B Virus, Amplified Probe Technique.
87517	5 and X	Hepatitis B Virus, Quantification.
87528	5 and X	Herpes Simplex Virus, Direct Probe Technique.
87530	5 and X	Herpes Simplex Virus, Quantification.
87531	5 and X	Herpes Virus-6, Direct Probe Technique.
87532	5 and X	Herpes Virus-6, Amplified Probe Technique.
87533	5 and X	Herpes Virus-6, Quantification.
87534	5 and X	HIV-1, Direct Probe Technique.
87535	5 and X	HIV-1, Amplified Probe Technique.
87536	5 and X	HIV-1, Quantification.
87537	5 and X	HIV-2, Direct Probe Technique.
87538	5 and X	HIV-2, Amplified Probe Technique.
87539	5 and X	HIV-2, Quantification.
87620	5 and X	Papillomavirus, Direct Probe Technique.
87621	5 and X	Papillomavirus, Amplified Probe Technique.
87622	5 and X	Papillomavirus, Quantification.
87650	5 and X	Streptococcus, Group A, Direct Probe Technique.
87651	5 and X	Streptococcus, Group A, Amplified Probe Technique.
87652	5 and X	Streptococcus, Group A, Quantification.
87798	5 and X	Infectious Agent Detection Amplified Probe Technique.
87799	5 and X	Infectious Agent Detection Quantification.
88152	5 and X	Cytopathology, Smears, Cervical or Vaginal.
88158	5 and X	Cytopathology, Smears.
99384	1	Initial Preventive Medicine, 12-17 Years.
99385	1	Initial Preventive Medicine, 18-39 Years.
99386	1	Initial Preventive Medicine, 40-64 Years.
99387	1	Initial Preventive Medicine, 65 Years and Older.
99394	1	Preventive Medicine Established Patient, 12-17 Years.
99395	1	Preventive Medicine Established Patient, 18-39 Years.
99396	1	Preventive Medicine Established Patient, 40-64 Years.
99397	1	Preventive Medicine Established Patient, 65 Years and Older.

\*Allowable type of service (TOS) codes:

- 1 Medical care, injections, HealthCheck (Early and Periodic Screening, Diagnosis, and Treatment).
- 2 Surgery.
- 5 Diagnostic laboratory – total or complete procedure, including professional and technical components.
- X Diagnostic laboratory – professional component only (interpretation), generally used by pathologists.